| t | plied. AGE should be stated EXACTLY. PHYSICIANS should state serly classified. Exact statement of OCCUPATION is very important. | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | Do not use this space. 26439 |
|-------------------------|---|--|--|---|
| ANENT RECORD | | 1. PLACE OF DEATH | 791 | 6599 |
| | | Township | "La mare! | Registered No. |
| | | 2. FULL NAME Starry Tierson | | St |
| | | (a) Residence, No. 77 (Usual place of abode) (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. | | |
| 2 | | PERSONAL AND STATISTICAL PARTICULARS | U MEDICAL CERTI | FICATE OF DEATH |
| PERM | | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORDE (write the world) | 21. DATE OF DEATH (MONTH, DAY, AND | /1 |
| G INKTHIS IS A | | SA, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE OF | I fast saw h. Mailye on See | מוטיו ביישורים |
| | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) WAY. 18, 870 7. AGE YEARS MONTHS DAYS If LESS than 1 | to have occurred on the date/stated a | |
| | | 6.4 3 1.4 day,hrs. ormln. | | Date of onset |
| | | 8. Trade, profession, or particular kind of work done, as spinned kind of the kind o | and my | aderia /-/-si |
| FADIN | dus Al | saw mill, bank, etc. Lokew 1201 factory | an l | |
| WRITE PLAINLY, WITH UNT | N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly c | 10. Date deceased last worked at this occupation (month and spent in this occupation | Other contributory causes of importar | |
| | | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | Coloursele | cosis 1-1-33 |
| | | 13. NAME Chie Cieron 14. BIRTHPLACE (CITY OR TOWN) | (Name of operation | Date of |
| | | (STATE OR COUNTRY) | 23. If death was due to external cause | |
| | | 16. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY) | Where did injury occur? | ify city or town, county, and State) |
| | | 17. INFORMANT Ms annie Pierson (ADDRESS) 3432 Oregon | | |
| | | 18. BURIAL, CREMATION, OR REMOVAL PLACE SURSET Buysl PHOATE 7-5 1334 | Nature of injury | elated to occupation of deceased? |
| | | 19. UNDERTAKER CASCION LYUGO (ADDRESS) 2707 M STAND | If so, specify(Signed) | et Brus M.D. |
| . | ≱ ∪ | 20. FILED UI -4 1939 A Brechel | (Address)386.Z | 11 Segud BI |
| | | , | | |

